

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10262
State File No. 3018

| | | | | | | | |
|--|--|---|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Tennessee b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Memphis | | 8410 9 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Hospital | | | | d. STREET ADDRESS (If rural, give location) 158 North Main Street | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) LAWRENCE | | b. (Middle) R | | c. (Last) JONES | |
| 4. DATE OF DEATH | | (Month) 3 | | (Day) 31 | | (Year) 51 | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | | 8. DATE OF BIRTH 1902 About | |
| 9. AGE (In years last birthday) 49? | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 10 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIEF CLERK | | | 10b. KIND OF BUSINESS OR INDUSTRY Frisco RR. | | | 11. BIRTHPLACE (State or foreign country) TENN. 1 | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | | | | |
| 13a. FATHER'S NAME J. J. JONES | | 13b. MOTHER'S MAIDEN NAME MARGARET Goodrich | | 14. NAME OF HUSBAND OR WIFE none | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? | | 16. SOCIAL SECURITY NO. ? | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frisco Hospital Records | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMORRHAGE | | | | INTERVAL BETWEEN ONSET AND DEATH 2 Day | |
| | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA of tongue | | | | 3 Mo. | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION 1-9-51 | | 19b. MAJOR FINDINGS OF OPERATION GASTROSTOMY | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in open or home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 141X | | | |
| 22. I hereby certify that I attended the deceased from 1-1- , 19 51 , to 3-31- , 19 51 , that I last saw the deceased alive on 3-30- , 19 51 , and that death occurred at 2:42 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Henry W. Nolan MD | | (Degree or title) | | 23b. ADDRESS 4960 Loebler St Louis Mo | | 23c. DATE SIGNED 3/31/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 3-31-51 | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) Judahomille, Tenn. | |
| DATE REC'D BY LOCAL MAR 31 1951 | | REGISTRAR'S SIGNATURE J. B. Lasater | | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe | | ADDRESS 4700 Washington | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Guy W. Wilkinson

Licensed Embalmer No. 35-75

P. O. Address St. Louis, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.